

**2019 Hoya All-Skills Softball Camp**  
at Georgetown University  
ASSUMPTION OF RISK, WAIVER OF LIABILITY and  
PARENT/GUARDIAN PERMISSION FORM

**PARTICIPANT NAME:** \_\_\_\_\_

*In order to participate in the Hoyas All-Skills Softball Camp each participant must submit completed versions of this Assumption of Risk, Waiver of Liability. Participants who have not completed the form will not be permitted to participate in camp/clinic activities until it is received.*

**PARENT/GUARDIAN AGREEMENT**

I agree to allow my child/ward to participate in the Program/Camp/Clinic and affirm that my child's/ward's participation is completely voluntary. I understand that there are risks inherent in the activities my child will engage in which may cause serious injury or even death. I also understand that, despite safety precautions, neither the Program/Camp/Clinic nor Georgetown University can guarantee that my child/ward will not be injured. My child/ward and I are willing to assume these risks. To minimize the risk, I have instructed my child/ward to obey all the rules, regulations and instructions of the Program/Camp/Clinic.

**ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE & AGREEMENT NOT TO SUE:** In consideration for permitting me/my child/ward to participate in the Program/Camp/Clinic, **I voluntarily agree,** for myself, my heirs, executors, and administrators, to the following:

**TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH** that may be sustained by me/my child/ward, or any loss or damage to property owned by me/my child/ward, as a result of training for, participating in, or traveling to or from the Program/Camp/Clinic.

1. **TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, & AGREE NOT TO SUE** the person or entity responsible for administering the Program/Camp/Clinic, Georgetown University, or its trustees, officers, employees, agents, students, and staff (hereinafter referred to as "releasees") from any and all liability, claims, actions, demands, expenses, attorney's fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might not have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while training for, traveling to or from, or participating in the Program/Camp/Clinic.

**PHOTO RELEASE:** I give permission for photographs taken of me/my child/ward while participating in the Program/Camp/Clinic to be used in marketing/public relations material in the promotion of Program/Camp/Clinic.

**By signing below, I acknowledge that I have read, understand and agree to the terms outlined above:**

**Parent/Guardian Name**

\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_